



ALT Wizard of Oz Audition Form:



PLEASE PRINT LEGIBLY

Name: _____ Age: ____ Height: _____ Hair Color: _____

Address: _____ City: _____ Zip: _____

Phone: (Cell) _____ Email: _____

Emergency Contact: Name: _____ Phone(s) _____

Vocal Range (if known): _____ Musical Training: _____

Dance Training: _____ Special Skills: _____

Auditioning for specific roles? Yes No If so, which: _____

Will you accept other roles? Yes No Any roles you will not accept? _____

Please list some of the roles you've had that best reflect your talent

Show	Role	Where

Please list ANY and ALL conflicts between June 10th and August 1st. Please be aware, the director can replace you after rehearsals start if you have conflicts you did not list on this form for auditions. So make sure you list anything that will be a possible conflict during rehearsals.

